

DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION		Attorney Docket Number	
		First Named Inventor	Huang, Heping
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Plasma lipids in-vitro filtering method and apparatus

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

Feb./28/2005

as United States Application Number or PCT International

Application Number

PCT/CN2005/00239

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTC/SSB/028 attached hereto.

DECLARATION — Utility or Design Patent Application

I hereby appoint:

Practitioners associated with the Customer Number:

21552

OR

Practitioner(s) named below:

Name	Registration Number

as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all correspondence to: The address associated with Customer Number: 21552 or Other address below:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ Telephone _____ Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like as made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor.

Given Name (First and middle (if any))	Heping	Family Name or Surname	Huang
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Inventor's Signature	<i>Huang Heping</i>	Date	<i>2006.9.3</i>
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor.

Given Name (First and middle (if any))	Sukwan	Family Name or Surname	Cheng
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Inventor's Signature	<i>Cheng Sukwan</i>	Date	<i>2006.9.3</i>
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Additional inventors or a legal representative are being named on the _____ supplemental sheets PTO/SB/083 or 858 attached hereto.